

APPLICATION FOR HEARING

K-WC E-1 (Rev. 12-12) (K.S.A. 44-534)

Employee: _____
First Middle Last

Date of birth: _____ ☐ Male ☐ Female

Social Security number: _____

Street: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Email: _____

DO NOT WRITE IN THIS SPACE

Date Stamp

Employer: _____

Street: _____

City: _____ State: _____ ZIP: _____

Insurance carrier: _____
(Required)

Accidental Injury, Repetitive Trauma or Occupational Disease

Date(s) of accident/repetitive trauma/occupational disease (give beginning and ending dates if a series): _____

State specifically the exact cause and source of accident/repetitive trauma/disease: _____

Briefly state extent of injuries by accident, repetitive trauma or disease claimed: _____

In what county did it occur? _____ At or near (city) _____ (state) _____

If it **did not** happen within Kansas, in which **Kansas** county could hearing be most conveniently held? _____

Mediation requested? ☐ YES ☐ NO

Applicant signature: _____

Date: _____

Is applicant represented? ☐ YES ☐ NO

Attorney representing ☐ claimant or ☐ respondent:

Attorney signature: _____

Printed name: _____

Street: _____

City: _____ State: _____ ZIP: _____

Email: _____
(for purposes of hearing notices)

Phone: _____

Kansas Supreme Court number: _____

DO NOT WRITE IN THIS SPACE

Certified Stamp ALJ Copy

Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that Social Security numbers be included on forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual.

The use of Social Security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the Social Security number.

DIVISION OF WORKERS COMPENSATION

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